

Cemetery & Funeral Bureau

P. O. Box 989003, West Sacramento, CA 95798-9003

P (916)574-7870

F (916)928-7988

www.cfb.ca.gov



Certificate of Authority – Cemetery 2009 1st Quarter Report

<i>For Bureau Use Only</i>
License Number
Receipt Number
Date Processed

Due on or before: April 30, 2009

Cemetery Name: _____

License No.:COA _____

Report the total number of interments from January 1, 2009 through March 31, 2009. Reduce the totals by the number of cremations interred at the cemetery in which the cremation was performed at a licensed crematory located at the cemetery and under common ownership. The licensed crematory should report the cremations on their crematory quarterly report form.

<u>Type of Interment</u>	Total including cremated remains interred	Less: Cremations Reported under the Crematory License reported below	Net
Burial		-	=
Entombment in a Mausoleum		-	=
Inurnment in a Columbarium		-	=
Total Interments in which fees are due			
Interment Fee			x \$8.50
Total Interments Fees Due			

If the number of interments is being reduced for any cremations reported by a crematory located at the cemetery and under common ownership with the cemetery, list the license number and date issued. CR _____ Date Issued _____

Please make your check payable to the "Cemetery and Funeral Bureau" and send to the P.O. Box listed above.

Authorized
Signature: _____

Date: _____

Name (print): _____

Title: _____ Telephone: _____

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Certificate of Authority – Cemetery 2009 2nd Quarter Report

<i>For Bureau Use Only</i>
License Number
Receipt Number
Date Processed

Due on or before: July 31, 2009

Cemetery Name: _____

License No.:COA _____

Report the total number of interments from April 1, 2009 through June 30, 2009. Reduce the totals by the number of cremations interred at the cemetery in which the cremation was performed at a licensed crematory located at the cemetery and under common ownership. The licensed crematory should report the cremations on their crematory quarterly report form.

<u>Type of Interment</u>	Total including cremated remains interred	Less: Cremations Reported under the Crematory License reported below	Net
Burial		-	=
Entombment in a Mausoleum		-	=
Inurnment in a Columbarium		-	=
Total Interments in which fees are due			
Interment Fee			x \$8.50
Total Interments Fees Due			

If the number of interments is being reduced for any cremations reported by a crematory located at the cemetery and under common ownership with the cemetery, list the license number and date issued. CR _____ Date Issued _____

Please make your check payable to the "Cemetery and Funeral Bureau" and send to the P.O. Box listed above.

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Certificate of Authority – Cemetery 2009 3rd Quarter Report

<i>For Bureau Use Only</i>
License Number
Receipt Number
Date Processed

Due on or before: October 31, 2009

Cemetery Name: _____

License No.:COA _____

Report the total number of interments from July 1, 2009 through September 30, 2009. Reduce the totals by the number of cremations interred at the cemetery in which the cremation was performed at a licensed crematory located at the cemetery and under common ownership. The licensed crematory should report the cremations on their crematory quarterly report form.

<u>Type of Interment</u>	Total including cremated remains interred	Less: Cremations Reported under the Crematory License reported below	Net
Burial		-	=
Entombment in a Mausoleum		-	=
Inurnment in a Columbarium		-	=
Total Interments in which fees are due			
Interment Fee			x \$8.50
Total Interments Fees Due			

If the number of interments is being reduced for any cremations reported by a crematory located at the cemetery and under common ownership with the cemetery, list the license number and date issued. CR _____ Date Issued _____

Please make your check payable to the "Cemetery and Funeral Bureau" and send to the P.O. Box listed above.

Authorized
Signature: _____

Date: _____

Name (print): _____

Title: _____ Telephone: _____

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Certificate of Authority – Cemetery 2009 4th Quarter Report

<i>For Bureau Use Only</i>
License Number
Receipt Number
Date Processed

Due on or before: January 31, 2010

Cemetery Name: _____

License No.:COA _____

Report the total number of interments from October 1, 2009 through December 31, 2009. Reduce the totals by the number of cremations interred at the cemetery in which the cremation was performed at a licensed crematory located at the cemetery and under common ownership. The licensed crematory should report the cremations on their crematory quarterly report form.

<u>Type of Interment</u>	Total including cremated remains interred	Less: Cremations Reported under the Crematory License reported below	Net
Burial		-	=
Entombment in a Mausoleum		-	=
Inurnment in a Columbarium		-	=
Total Interments in which fees are due			
Interment Fee			x \$8.50
Total Interments Fees Due			

If the number of interments is being reduced for any cremations reported by a crematory located at the cemetery and under common ownership with the cemetery, list the license number and date issued. CR _____ Date Issued _____

Please make your check payable to the "Cemetery and Funeral Bureau" and send to the P.O. Box listed above.

Authorized
 Signature: _____

Date: _____

Name (print): _____

Title: _____ Telephone: _____